

Student Injury and Sickness Insurance Plan for Christ For The Nations Institute

2009-2010



Christ For The Nations Institute is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All students enrolled at Christ for the Nations Institute for credit hours are automatically enrolled in this insurance Plan at registration.

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- Up to \$10,000 per each Injury or Sickness Maximum Benefit for Covered Medical Expenses.
- \$20 deductible for each Injury or Sickness.
- **SICKNESS:** Covered Medical Expenses are payable at 100% of Usual and Customary charges (all benefits are subject to satisfaction of the deductible, specific benefit limitations, maximums and copays as described in the policy).
- **INJURY:** Covered Medical Expenses are payable at 100% up to the first \$2,000. After the Company has paid \$2,000, benefits will be paid at 80% of additional Covered Medical Expenses, up to the \$10,000 maximum for each Injury (all benefits are subject to satisfaction of the deductible, specific benefit limitations, maximums and copays as described in the policy).
- Prescription Drug Benefits: 100% of Usual and Customary Charges up to \$200 maximum per policy year.
- Coverage available for eligible dependents.
- Scholastic Emergency Services – Domestic Students are covered when 100 miles or more away from their campus or home address. International Students are covered worldwide except in their home country.
- MyAccount, available through www.uhcsr.com/cfni, allows insured students to check their claim status, search for network providers, print ID cards, enter accident details and view EOBs.
- Included with every policy, the UnitedHealth Allies® discount program provides 5% to 50% savings on dental and vision services, fitness clothing and equipment, and textbooks from McGraw-Hill Professional. The UnitedHealth Allies program is not insurance and is offered by UnitedHealth Allies, a UnitedHealth Group company.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2008-548-1.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to the plan brochure available at www.uhcsr.com/cfni

If you have any questions, please contact Customer Service at 800-767-0700 or customerservice@uhcsr.com.

The Policy is a Non-Renewable One-Year Term Policy.

For online enrollment visit our website at www.uhcsr.com/cfni click on "Find My School's Plan" link and follow the online instructions or call 800-767-0700

Rates	Annual	Fall	Spring/Summer	Summer
	8/10/09 - 08/9/10	8/10/09 - 1/31/10	1/4/10- 8/9/10	6/7/10 - 8/9/10
Student	\$130	\$ 53	\$ 79	\$ 23
Spouse	\$855	\$351	\$521	\$153
All Children	\$195	\$ 80	\$119	\$ 35

Pre-Existing Condition means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the policy.

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Acne; acupuncture; allergy, including allergy testing;
2. Autistic disease of childhood, hyperkinetic syndromes, milieu therapy, learning disabilities, behavioral problems, parent-child problems, attention deficit disorder, conceptual handicap, developmental delay or disorder or mental retardation;
3. Biofeedback;
4. Chemotherapy; Injections;
5. Circumcision;
6. Congenital conditions, except as specifically provided in the Benefits for Temporomandibular and Craniomandibular Joint Dysfunction, Benefits for Treatment of Craniofacial Abnormalities, and for Newborn or adopted Infants;
7. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
8. Custodial care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. Elective abortion;
12. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems;
13. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process; except as specifically provided in the Benefits for the Screening of Hearing Loss;
14. Hirsutism; alopecia;
15. Immunizations, except as specifically provided in the policy; preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
16. The addiction to or use of any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. Injury sustained while (a) participating in any intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
19. Investigational Services;
20. Lipectomy;
21. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement : 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;
22. Participation in a riot or civil disorder; commission of or attempt to commit a felony; fighting as an active participant;
23. Pre-existing Conditions, except for individuals who have been continuously insured under the school's student insurance policy for at least 12 consecutive months; The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy;
24. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use , except as specifically provided in the Benefits for Diabetes;
 - b) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - d) Products used for cosmetic purposes;
 - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - f) Anorectics drugs used for the purpose of weight control;
 - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
25. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
26. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
27. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; Nasal and sinus surgery;
28. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
29. Speech therapy;
30. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
31. Supplies, except as specifically provided in the policy;
32. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
33. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: motor vehicle;
34. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
35. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
36. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.